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DAVID G. BURLESON OMNOVA SOLUTIONS Inc. 175 GHENT ROAD FAIRLAWN, OH 44333-3300 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other eccompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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DAVID BURLESON David G. Bus cember 17, 2004 December (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/629,136      | 07/29/2003  | 'Michael J. Hubbard  | GT-4751             | 6579             |

TITLE OF INVENTION: METHOD FOR SEAMING WIDE PANELS OF EPDM MEMBRANE TO FORM A COMPOSITE EPDM ROOFING MEMBRANE

| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE  |   | PUBLICATION FEE  | TOTAL FEE(S) DUE   | DATE DUE   |  |
|---|--|--|---|--|--|--|--|
| nonprovisional  | NO   | St970- 1400  |   | \$300  | S1470 1700   | 03/01/2005   |  |
| EXAMINER  |  | ART UNIT   |   | CLASS-SUBCLASS   |  |  |  |
| HARAN, JOHN T   |  | 1733   |   | 156-071000   | •  |  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number Is required. |  |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no same will be printed. |  |  |  |  |
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| (A) NAME OF ASSIGN  | EE   | (B   | ) RESIDENC  | CE: (CITY and STATE OR COL   | INTRY)   |  |  |
| OMNOVA Solu   | itions Inc.  |  | Fairla  | wn, Ohio (USA)   |  |  |  |
| Please check the appropriate  | assignee category or catego  | ries (wil) not be pri  | inted on the p  | atent): 🗖 Individual 🖾 Co  | oporation or other private gr                                | oup entity Government                                    |  |
| 4a. The following fee(s) are  | enclosed:  |  | . Payment of  |  |  |  |  |
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|   | MALL ENTITY status. See 3  |  | 🖵 b. Applic   | ant is no longer claiming SMAI   | L ENTITY status. See 37 C                                    | FR 1.27(g)(2).   |  |
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| Authorized Signature  | Pavid G. B   | ulesor   |   | Date   | 17 Decemb  |  |  |
|   | David G. Burle   |  |   |  |  |  |  |
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